

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-6-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes E0781, E1399 and L3670.

II. FINDINGS

The respondent denied reimbursement based upon “M – Reimbursed to Fair and Reasonable and N – Not Documented.”

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
10-23-02	E0781	\$485.00	\$412.25	M, N	DOP	Section 413.011(b)	Pump for Water Circulating - Requestor submitted prescription, letter of medical necessity, description of DME product to support billing per MFG; and Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$72.75 is recommended.
	E1399	\$75.00	\$63.75	M, N	DOP		Cold Therapy Cooler Wrap - Requestor submitted prescription, letter of medical necessity, description of DME product to support billing per MFG; and Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$11.25 is recommended.

	E1399	\$155.00	\$131.75	M, N	DOP		Water circulating pad – Requestor submitted prescription, letter of medical necessity, description of DME product to support billing per MFG; and Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$23.25 is recommended.
	L3670	\$340.00	\$289.00	M, N	DOP		Ambulatory Infusion Pump - Requestor submitted prescription, letter of medical necessity, description of DME product to support billing per MFG; and Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, reimbursement of \$51.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$158.25 .

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, E0781, E1399 and L3670, in the amount of **\$ 158.25**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$158.25** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 10th day of May 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division